

# ORMOND BEACH POLICE DEPARTMENT

## INCIDENT REPORT

Page 1 of 3 Pages

<input type="checkbox"/> Juvenile <input type="checkbox"/> Gang <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Endangered / Other		<input type="checkbox"/> Hate Crime <input type="checkbox"/> Elderly Abuse / Exploitation VOR _____		<b>INCIDENT REPORT</b>		Agency Report Number 140700380																	
Agency ORI Number FL0640400				Zone # OB2		Telephone Handled Call? (T.H.C.) 1. Yes 2. No <span style="float: right;">2</span>																	
Reported: Day Monday		Date 07-21-2014		Time (mil.) 0822		Time Dispatched (mil.) 0825		Time Arrived (mil.) 0831		Time Completed (mil.) _____		Nature of Call (Report Type) <b>13A Suspicious Incident</b>											
Incident Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 9. Other		Incident: Day From Monday		Date 07-21-2014		Time (mil.) 0800		TO Monday		Date 07-21-2014		Time (mil.) 0822		Occurred During: D - Day N - Night U - Unknown D					
Offense #1 9		Type 77777777		Statute Violation Number 77777777				Description SUSPICIOUS INCIDENT				A - Attempted C - Committed C											
Offense #2 _____		Type _____		Statute Violation Number _____				Description _____				A - Attempted C - Committed _____											
Incident Location (Street, Apt. Number) 226 CARDINAL DR						City ORMOND BEACH						Zip 32176											
Business Name / Area Identifier PIRATES COVE MINATURE GOLF				# Prem. Entered _____		Drug Related 0. N/A 1. Yes 2. No 0		Alcohol Related 0. N/A 1. Yes 2. No 0		Forced Entry 1. Yes 3. Attempted 2. No _____		Arson-Inhabited 1. Occupied 3. Abandoned 2. Unoccupied _____		Arson-Attempted 1. Yes 2. No _____									
Location Type 24		Location Type Codes 01. Residence-Single 02. Apartment/Condo 03. Residence/Other 04. Hotel/Motel 05. Convenience Store 06. Gas Station 07. Liquor Sales 08. Bar/Nightclub 09. Supermarket 10. Dept/Discount Store 11. Specialty Store 12. Drug Store/Hospital 13. Bank/Financial Inst. 14. Commercial/Office Bldg. 15. Industrial/Mfg. 16. Storage 17. Gov't/Public Bldg. 18. School/University 19. Jail/Prison 20. Religious Bldg. 21. Airport 22. Bus/Rail Terminal 23. Construction Site 24. Other Structure 25. Parking Lot/Garage 26. Highway/Roadway 27. Park/Woodlands/Field 28. Lake/Waterway 29. Motor Vehicle 30. Other Mobile 88. Unknown 99. Other																					
V/W Code V-Victim N-Next of Kin W-Witness O-Other R-Reporting Person		Victim/Subject Type 0. N/A 1. Juvenile 2. L.E. Officer 3. Adult		4. Business 5. Government 6. Church 9. Other		Address/Phone Type B. Business/Work C. Cell H. Home		M. Message N. Next of Kin O. Other		P. Pager S. School V. Vacation		Race W-White O-Oriental/Asian B-Black U-Unknown I-American Indian		Sex M-Male F-Female U-Unknown		Residence Type 0. NA 1. City 2. County 3. Florida 4. Out-of-State		Residence Status 0. N/A 1. Full Year 2. Par. Year 3. Non-Resident					
Means of Attack F-Firearm K-Knife/Cutting Inst.				O-Other Dangerous H-Hands, Fists, Feet, Etc.		Extent of Injury 00. N/A 01. Gunshot 02. Stabbed		03. Laceration 04. Unconscious 05. Poss Broken Bones		06. Poss. Internal Injury 07. Loss of Teeth 08. Burns		09. Abrasions/Bruiases 10. No Visible Injury 99. Other Serious Injury		Domestic Violence 1. Yes 2. No		Victim Relationship to Offender S-Spouse P-Parent C-Child B-Sibling O-Other Family H-Co-Habitant Z-Other							
Offense Indicator 1. #1 2. #2		V/W Code R		# 1		V. Type 0		Nature of Call (for Victim, if different from Incident) _____				Name (Last/Business) WEST		(First) JOHN		(Middle) _____							
Address (Street, Apt. Number) 226 CARDINAL DR						City ORMOND BEACH		State FL		Zip 32176		Residence Phone (386) 676-9326											
Business/School/Other Address (Street, Apt. Number) 226 CARDINAL DR						City ORMOND BEACH		State FL		Zip 32176		Address Type B		Business/School/Other Phone (386) 676-9326		Phone Type C							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement PIRATE COVE MINI GOLF - OWNER																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 12-30-1943		Age 70		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code O		# 1		V. Type 0		Nature of Call (for Victim, if different from Incident) _____				Name (Last/Business) KEELER		(First) CRAIG		(Middle) _____							
Address (Street, Apt. Number) 226 CARDINAL DR						City ORMOND BEACH		State FL		Zip 32176		Residence Phone (386) 235-9027											
Business/School/Other Address (Street, Apt. Number) 226 CARDINAL DR						City ORMOND BEACH		State FL		Zip 32176		Address Type B		Business/School/Other Phone (386) 235-9027		Phone Type C							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement MAINTNANCE WORKER																	
If Victim Type 1, 2, or 3		Race W		Sex M		Date of Birth 05-20-1981		Age 33		Ethnicity N		Res. Type 1		Res. Status 1		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code _____		# _____		V. Type _____		Nature of Call (for Victim, if different from Incident) _____				Name (Last/Business) _____		(First) _____		(Middle) _____							
Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Residence Phone _____											
Business/School/Other Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Address Type _____		Business/School/Other Phone _____		Phone Type _____							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement _____																	
If Victim Type 1, 2, or 3		Race _____		Sex _____		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code _____		# _____		V. Type _____		Nature of Call (for Victim, if different from Incident) _____				Name (Last/Business) _____		(First) _____		(Middle) _____							
Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Residence Phone _____											
Business/School/Other Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Address Type _____		Business/School/Other Phone _____		Phone Type _____							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement _____																	
If Victim Type 1, 2, or 3		Race _____		Sex _____		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	
Offense Indicator 1. #1 2. #2		V/W Code _____		# _____		V. Type _____		Nature of Call (for Victim, if different from Incident) _____				Name (Last/Business) _____		(First) _____		(Middle) _____							
Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Residence Phone _____											
Business/School/Other Address (Street, Apt. Number) _____						City _____		State _____		Zip _____		Address Type _____		Business/School/Other Phone _____		Phone Type _____							
Other Contact Info (Time Available, Interpreter, etc.) _____						Synopsis of Involvement _____																	
If Victim Type 1, 2, or 3		Race _____		Sex _____		Date of Birth _____		Age _____		Ethnicity _____		Res. Type _____		Res. Status _____		Means of Attack _____		Extent of Injury _____		Domestic Violence _____		Relationship _____	

INCIDENT REPORT (CONT.)

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code #	Subj. Type	Name (Last) (First) (Middle)		Race	Sex	Ethnicity	
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
	Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number				Social Security Number			Other ID Number		ID Type		
	Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:			Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

SUBJECT / MISSING SECTION	Offense Indicator 1. #1 3. Both 2. #2		Subject Code S-Suspect V-Victim D-Defendant (Missing Person)		Code #	Subj. Type	Name (Last) (First) (Middle)		Race	Sex	Ethnicity	
	Date of Birth		Age	To Age	Height	To Height	Weight	To Weight	Eye Color	Hair Color	Maiden Name	
	Nickname / Street Name				Place of Birth - City		County	State	Employer/Other/School		Occupation	
	Last Known Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Other Address (Street, Apt. Number)						City	State	Zip	Address Type	Phone	Phone Type
	Driver's License State/Number				Social Security Number			Other ID Number		ID Type		
	Clothing (Describe)						Scars/Marks/Tattoos (Type/Describe)			Scars/Marks/Tattoos (Type/Describe)		
	Hair Length /Style		Skin	Build	Facial Features		Speech/Voice	Deformity	Glasses			
	If Subject:	Demeanor	Mask	Weapon Type		If Arrested:			Subject Was Already in Custody? 1. Yes 2. No		Warrant From: 1. This Agency 2. Other Agency	
	Date of Last Contact		Date of Emancipation		Caution	Caution Reason		Personal Habits (Drugs / Alcohol)				
May Be With:			Physical Condition:		Mental Condition:		Doctor Name:		Dentist Name:			
Incident Type 1. Runaway 2. Parents 3. Involuntary 4. Disabled 5. Endangered		6. Disaster Victim 7. Voluntary Adult 8. Unknown		Foul Play Suspected? 1. Yes 2. No 8. Unknown		Missing Before? 1. Yes 2. No 8. Unknown		Fingerprints Available? 1. Yes 2. No		Photo Available? 1. Yes 2. No		Dental Record Available? 1. Yes 2. No
I, _____ (Printed) _____ (Signature) certify that I have reported the above person as a missing person; and this agency has my permission to enter this person in a statewide alert.												

1 I responded to Pirates Cove Miniature Golf in reference to a suspicious piece of pipe that was located under the Coke soda vending machine. O-1  
2 (Keeler), maintenance worker, located the pipe and removed it from its location. O-1 placed the suspicious piece of pipe in a garbage can behind  
3 the building. O-1 called R-1 (West), the owner and notified him of the pipe. R-1 in return called for police assistance. I responded and contacted  
4 R-1 and O-1 in front of the business. I was advised by R-1 that it appeared as though the soda machine may have been moved but there were no  
5 signs of entry. O-1 stated that he saw the pipe sticking out from underneath the machine and removed the item. O-1 stated that the item felt light  
6 like it was empty and there was writing on it. O-1 advised that the writing looked like it was in black mark and read run on it. O-1 showed me where  
7 the pipe was in the trash can and the area was blocked off. The pipe appeared to be a gray PVC pipe, 1/4 to 1/2 in diameter, 2 to 3 inches long,

ADMINISTRATIVE	Final Case Status:		Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded						<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral
	<input type="checkbox"/> DCF Hotline	Date:	Time:	<input type="checkbox"/> FCIC / NCIC Entry	<input type="checkbox"/> T.T. BOLO	Date:	By:				
	<input type="checkbox"/> CAC	Spoke With:		<input type="checkbox"/> FCIC / NCIC Cancel							
	Connecting Report Number		Agency	Additional Forms Attached:		<input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____					
Officer Reporting - Printed Labrie, David				Officer Reporting - Signature 				ID. Number OB322	Unit 10B42	Date 07-21-2014	
Officer Reviewing - Printed (If Applicable)				Officer Reviewing - Signature (If Applicable)				ID. Number	Unit	Date	

# ORMOND BEACH POLICE DEPARTMENT

## NARRATIVE / SUPPLEMENT

EVNT	Report Date 07-21-2014	Report Time 0822	Orig. Reported Date 07-21-2014	Nature of Call (for Incident) <b>13A</b>	Agency Report Number 140700380	1. Original 2. Supplement	1
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8 and capped off on both ends by white PVC rounded caps. It did not appear as though there were any fuses, wires, or devices attached or

9 protruding from the pipe. CPL Gaden responded and contacted the VCSO bomb squad, OBFD, and OBPD evidence technician to respond. VCSO

10 bomb squad detonated the suspicious pipe in place. A VCSO bomb dog checked the business for any additional devices with no results. The

11 scene was photographed and what was left of the pipe was collected for evidence by the OBPD evidence technician. Video evidence is available

12 and R-1 (West) will be calling back when ready to be picked up.

NARRATIVE / CONTINUATION

ADMINISTRATIVE	Final Case Status:	Final Case Status Codes: 1.Arrest/Adult 2.Arrest/Juv. 3.Exceptional/Adult 4.Exceptional/Juv. 5.Closed 6.Unfounded	<input type="checkbox"/> Victim Advocate	<input type="checkbox"/> Triad	<input type="checkbox"/> SA Referral	
	<input type="checkbox"/> DCF Hotline <input type="checkbox"/> CAC	Date: _____ Time: _____	<input type="checkbox"/> FCIC / NCIC Entry <input type="checkbox"/> FCIC / NCIC Cancel	<input type="checkbox"/> T.T. BOLO	Date: _____ By: _____	
	Connecting Report Number _____ Agency _____	Additional Forms Attached: <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> SA 707 <input type="checkbox"/> Persons <input checked="" type="checkbox"/> Property <input type="checkbox"/> Veh./Tow Sheet <input type="checkbox"/> Other Describe: _____				
	Officer Reporting - Printed Labrie, David	Officer Reporting - Signature 	ID. Number OB322	Unit 10B42	Date 07-21-2014	
Officer Reviewing - Printed (If Applicable)	Officer Reviewing - Signature (If Applicable)	ID. Number	Unit	Date		